

B1 (Official Form 1)(04/13)

United States Bankruptcy Court District of Minnesota		Voluntary Petition	
Name of Debtor (if individual, enter Last, First, Middle): Smith, William Michael		Name of Joint Debtor (Spouse) (Last, First, Middle): Smith, Paula Jo	
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):		All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names): FKA Paula Jo Dunleavy; FKA Paula Jo Dunleavy Smith	
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN)/Complete EIN (if more than one, state all) xxx-xx-1348		Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all) xxx-xx-0775	
Street Address of Debtor (No. and Street, City, and State): 508 Ninth Avenue Northeast Lonsdale, MN <div style="text-align: right; font-size: small;">ZIP Code 55046</div>		Street Address of Joint Debtor (No. and Street, City, and State): 508 Ninth Avenue Northeast Lonsdale, MN <div style="text-align: right; font-size: small;">ZIP Code 55046</div>	
County of Residence or of the Principal Place of Business: RICE		County of Residence or of the Principal Place of Business: RICE	
Mailing Address of Debtor (if different from street address): <div style="text-align: right; font-size: small;">ZIP Code</div>		Mailing Address of Joint Debtor (if different from street address): <div style="text-align: right; font-size: small;">ZIP Code</div>	
Location of Principal Assets of Business Debtor (if different from street address above):			
Type of Debtor (Form of Organization) (Check one box) <input checked="" type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)		Nature of Business (Check one box) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101 (51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other	
Chapter 15 Debtors Country of debtor's center of main interests: Each country in which a foreign proceeding by, regarding, or against debtor is pending:		Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box) <input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding	
Filing Fee (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.		Chapter 11 Debtors Check one box: <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,490,925 (<i>amount subject to adjustment on 4/01/16 and every three years thereafter</i>). Check all applicable boxes: <input type="checkbox"/> A plan is being filed with this petition. <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).	
Statistical/Administrative Information <input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.		THIS SPACE IS FOR COURT USE ONLY	
Estimated Number of Creditors <input checked="" type="checkbox"/> 1-49 <input type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999 <input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000 <input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> OVER 100,000			
Estimated Assets <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input checked="" type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion			
Estimated Liabilities <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input checked="" type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion			

Voluntary Petition

(This page must be completed and filed in every case)

Name of Debtor(s):
Smith, William Michael
Smith, Paula Jo

All Prior Bankruptcy Cases Filed Within Last 8 Years (If more than two, attach additional sheet)

Location Where Filed: Minnesota, Dismissed	Case Number: 11-38006	Date Filed: 12/30/11
Location Where Filed:	Case Number:	Date Filed:

Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor (If more than one, attach additional sheet)

Name of Debtor: - None -	Case Number:	Date Filed:
District:	Relationship:	Judge:

Exhibit A

(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)

☐ Exhibit A is attached and made a part of this petition.

Exhibit B

(To be completed if debtor is an individual whose debts are primarily consumer debts.)

I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by 11 U.S.C. §342(b).

X /s/ Craig W. Andresen **October 14, 2015**
Signature of Attorney for Debtor(s) (Date)

Craig W. Andresen #186557

Exhibit C

Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?

☐ Yes, and Exhibit C is attached and made a part of this petition.

☒ No.

Exhibit D

(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)

☒ Exhibit D completed and signed by the debtor is attached and made a part of this petition.

If this is a joint petition:

☒ Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.

Information Regarding the Debtor - Venue

(Check any applicable box)

- ☒ Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.
- ☐ There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.
- ☐ Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.

Certification by a Debtor Who Resides as a Tenant of Residential Property

(Check all applicable boxes)

- ☐ Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)

(Name of landlord that obtained judgment)

(Address of landlord)

- ☐ Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and
- ☐ Debtor has included with this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.
- ☐ Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).

Voluntary Petition

(This page must be completed and filed in every case)

Name of Debtor(s):
Smith, William Michael
Smith, Paula Jo

Signatures

Signature(s) of Debtor(s) (Individual/Joint)

I declare under penalty of perjury that the information provided in this petition is true and correct.
 [If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.
 [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. §342(b).
 I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X /s/ William Michael Smith
 Signature of Debtor **William Michael Smith**

X /s/ Paula Jo Smith
 Signature of Joint Debtor **Paula Jo Smith**

Telephone Number (If not represented by attorney)

October 14, 2015
 Date

Signature of Attorney*

X /s/ Craig W. Andresen
 Signature of Attorney for Debtor(s)

Craig W. Andresen #186557
 Printed Name of Attorney for Debtor(s)

Craig W. Andresen, Attorney at Law
 Firm Name
2001 Killebrew Dr., Suite 150
Bloomington, MN 55425

Address

(952) 831-1995
 Telephone Number

October 14, 2015
 Date

*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.
 The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X _____
 Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

_____ Date

Signature of a Foreign Representative

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

- ☐ I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. §1515 are attached.
- ☐ Pursuant to 11 U.S.C. §1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

X _____
 Signature of Foreign Representative

Printed Name of Foreign Representative

_____ Date

Signature of Non-Attorney Bankruptcy Petition Preparer

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.)(Required by 11 U.S.C. § 110.)

Address

X _____
 Date

Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. §110; 18 U.S.C. §156.

B 1D (Official Form 1, Exhibit D) (12/09)

**United States Bankruptcy Court
District of Minnesota**

In re **William Michael Smith
Paula Jo Smith**

Debtor(s)

Case No.
Chapter

7

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH
CREDIT COUNSELING REQUIREMENT**

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

☒ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Summarize exigent circumstances here.]* _____

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: /s/ William Michael Smith
William Michael Smith

Date: October 14, 2015

B 1D (Official Form 1, Exhibit D) (12/09)

**United States Bankruptcy Court
District of Minnesota**

In re **William Michael Smith
Paula Jo Smith**

Debtor(s)

Case No.
Chapter

7

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH
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Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

☒ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Summarize exigent circumstances here.]* _____

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: /s/ Paula Jo Smith
Paula Jo Smith

Date: October 14, 2015

United States Bankruptcy Court
District of Minnesota

In re **William Michael Smith,
Paula Jo Smith**

Debtors

Case No. _____

Chapter 7

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	158,000.00		
B - Personal Property	Yes	4	40,476.91		
C - Property Claimed as Exempt	Yes	2			
D - Creditors Holding Secured Claims	Yes	2		223,232.75	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	3		1,913.99	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	15		64,813.00	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	Yes	3			6,108.48
J - Current Expenditures of Individual Debtor(s)	Yes	2			7,719.25
Total Number of Sheets of ALL Schedules		34			
Total Assets			198,476.91		
Total Liabilities				289,959.74	

**United States Bankruptcy Court
District of Minnesota**

In re **William Michael Smith,
Paula Jo Smith**

Debtors

Case No. _____

Chapter 7

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	0.00
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	1,913.99
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	0.00
Student Loan Obligations (from Schedule F)	6,653.00
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	0.00
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	0.00
TOTAL	8,566.99

State the following:

Average Income (from Schedule I, Line 12)	6,108.48
Average Expenses (from Schedule J, Line 22)	7,719.25
Current Monthly Income (from Form 22A-1 Line 11; OR, Form 22B Line 14; OR, Form 22C-1 Line 14)	9,527.55

State the following:

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		41,633.30
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column	1,913.99	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		0.00
4. Total from Schedule F		64,813.00
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		106,446.30

In re **William Michael Smith,
Paula Jo Smith**

Case No. _____

Debtors

SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim." If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

Description and Location of Property	Nature of Debtor's Interest in Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption	Amount of Secured Claim
Homestead: Harvest Pond 1st Addition, Lot 025, Block 003, Rice County, Minnesota.		J	158,000.00	198,886.90
Address: 508 9th Avenue Northeast, Lonsdale, MN 55046.				
(2015 Estimated Market Value = \$169,300.00)				

Sub-Total > **158,000.00** (Total of this page)

Total > **158,000.00**

(Report also on Summary of Schedules)

0 continuation sheets attached to the Schedule of Real Property

In re **William Michael Smith,
Paula Jo Smith**

Case No. _____

Debtors

SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property."

If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
1. Cash on hand		Cash on hand	J	20.00
2. Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		Wells Fargo Bank checking account no. 7512	J	0.87
		Wells Fargo Bank checking account no. 5252	W	323.53
		Wells Fargo Bank savings account no. 0621 \$0.00	H	0.00
		Wells Fargo Bank savings account no. 2072 \$0.00	W	0.00
		Wells Fargo Bank checking account no. 6274	H	18.04
3. Security deposits with public utilities, telephone companies, landlords, and others.	X			
4. Household goods and furnishings, including audio, video, and computer equipment.		Household goods, supplies, furnishings	J	4,000.00
		Computer, printer, monitor	J	100.00
		Lawnmower \$300.00, snowblower \$300.00	J	600.00
		Household powertools \$1,000.00, air compressor \$100.00	J	1,100.00
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.	X			
6. Wearing apparel.		Clothing	J	300.00
7. Furs and jewelry.		Jewelry	J	200.00
8. Firearms and sports, photographic, and other hobby equipment.		(1) 20 gauge shotgun \$50.00, (1) bolt action 22 gauge shotgun \$20.00, (1) lever action 30/30 shotgun \$60.00, (1) Ruger 22 handgun \$70.00	J	200.00

Sub-Total > **6,862.44**
(Total of this page)

3 continuation sheets attached to the Schedule of Personal Property

In re **William Michael Smith,
Paula Jo Smith**

Case No. _____

Debtors

SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	X			
10. Annuities. Itemize and name each issuer.	X			
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	X			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.		Wife's PERA retirement account (not property of the estate, listed for informational purposes only)	W	3,494.47
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	X			
14. Interests in partnerships or joint ventures. Itemize.	X			
15. Government and corporate bonds and other negotiable and nonnegotiable instruments.	X			
16. Accounts receivable.	X			
17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	X			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.	X			
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	X			

Sub-Total > **3,494.47**
(Total of this page)

Sheet **1** of **3** continuation sheets attached to the Schedule of Personal Property

In re **William Michael Smith,
Paula Jo Smith**

Case No. _____

Debtors

SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	X			
22. Patents, copyrights, and other intellectual property. Give particulars.	X			
23. Licenses, franchises, and other general intangibles. Give particulars.	X			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			
25. Automobiles, trucks, trailers, and other vehicles and accessories.		2003 Ford Focus (180,000 miles)	W	3,000.00
		2000 GMC Yukon XL (152,894 miles)	J	2,000.00
		Snowmobile trailer	J	400.00
		1996 Yamaha VMAX snowmobile	W	400.00
		2000 Starcraft 12 foot pop up camper	J	1,800.00
		2005 Yamaha Venture motorcycle (2,000 miles)	H	9,520.00
		2007 Yamaha Phazer snowmobile	H	1,000.00
		2012 Mazda 6 (86,000 miles)	H	12,000.00
26. Boats, motors, and accessories.	X			
27. Aircraft and accessories.	X			
28. Office equipment, furnishings, and supplies.	X			

Sub-Total > **30,120.00**
(Total of this page)

Sheet 2 of 3 continuation sheets attached to the Schedule of Personal Property

In re **William Michael Smith,
Paula Jo Smith**

Case No. _____

Debtors

SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
29. Machinery, fixtures, equipment, and supplies used in business.	X			
30. Inventory.	X			
31. Animals.	X			
32. Crops - growing or harvested. Give particulars.	X			
33. Farming equipment and implements.	X			
34. Farm supplies, chemicals, and feed.	X			
35. Other personal property of any kind not already listed. Itemize.	X			

Sub-Total > **0.00**
(Total of this page)
Total > **40,476.91**

(Report also on Summary of Schedules)

Sheet **3** of **3** continuation sheets attached to the Schedule of Personal Property

In re **William Michael Smith,
Paula Jo Smith**

Case No. _____

Debtors

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor claims the exemptions to which debtor is entitled under:

(Check one box)

☒ 11 U.S.C. § 522(b)(2)☐ 11 U.S.C. § 522(b)(3)☐ Check if debtor claims a homestead exemption that exceeds \$155,675. (Amount subject to adjustment on 4/1/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.)

Description of Property	Specify Law Providing Each Exemption	Value of Claimed Exemption	Current Value of Property Without Deducting Exemption
Real Property			
Homestead: Harvest Pond 1st Addition, Lot 025, Block 003, Rice County, Minnesota.	11 U.S.C. § 522(d)(1) - homestead	100.00	158,000.00
Address: 508 9th Avenue Northeast, Lonsdale, MN 55046.			
(2015 Estimated Market Value = \$169,300.00)			
Cash on Hand			
Cash on hand	11 U.S.C. § 522(d)(5) - unused homestead	20.00	20.00
Checking, Savings, or Other Financial Accounts, Certificates of Deposit			
Wells Fargo Bank checking account no. 7512	11 U.S.C. § 522(d)(5) - unused homestead	0.87	0.87
Wells Fargo Bank checking account no. 5252	11 U.S.C. § 522(d)(5)	323.53	323.53
Wells Fargo Bank checking account no. 6274	11 U.S.C. § 522(d)(5)	18.04	18.04
Household Goods and Furnishings			
Household goods, supplies, furnishings	11 U.S.C. § 522(d)(3) - household goods; clothing	4,000.00	4,000.00
Computer, printer, monitor	11 U.S.C. § 522(d)(5) - unused homestead	100.00	100.00
Lawnmower \$300.00, snowblower \$300.00	11 U.S.C. § 522(d)(5) - unused homestead	600.00	600.00
Household powertools \$1,000.00, air compressor \$100.00	11 U.S.C. § 522(d)(5) - unused homestead	1,100.00	1,100.00
Wearing Apparel			
Clothing	11 U.S.C. § 522(d)(3) - household goods; clothing	300.00	300.00
Furs and Jewelry			
Jewelry	11 U.S.C. § 522(d)(4) - Jewelry	200.00	200.00
Firearms and Sports, Photographic and Other Hobby Equipment			
(1) 20 gauge shotgun \$50.00, (1) bolt action 22 gauge shotgun \$20.00, (1) lever action 30/30 shotgun \$60.00, (1) Ruger 22 handgun \$70.00	11 U.S.C. § 522(d)(5) - unused homestead	200.00	200.00
Interests in IRA, ERISA, Keogh, or Other Pension or Profit Sharing Plans			
Wife's PERA retirement account (not property of the estate, listed for informational purposes only)	11 U.S.C. § 522(d)(12) - retirement accounts	100%	3,494.47
	11 U.S.C. § 522(d)(10)(E) - pensions	100%	

In re **William Michael Smith,
Paula Jo Smith**

Case No. _____

Debtors

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

(Continuation Sheet)

Description of Property	Specify Law Providing Each Exemption	Value of Claimed Exemption	Current Value of Property Without Deducting Exemption
<u>Automobiles, Trucks, Trailers, and Other Vehicles</u>			
2003 Ford Focus (180,000 miles)	11 U.S.C. § 522(d)(2) - one motor vehicle	387.55	3,000.00
2000 GMC Yukon XL (152,894 miles)	11 U.S.C. § 522(d)(5) - unused homestead	2,000.00	2,000.00
Snowmobile trailer	11 U.S.C. § 522(d)(5) - unused homestead	400.00	400.00
1996 Yamaha VMAX snowmobile	11 U.S.C. § 522(d)(5) - unused homestead	400.00	400.00
2000 Starcraft 12 foot pop up camper	11 U.S.C. § 522(d)(5) - unused homestead	1,800.00	1,800.00
2005 Yamaha Venture motorcycle (2,000 miles)	11 U.S.C. § 522(d)(5)	533.00	9,520.00
2007 Yamaha Phazer snowmobile	11 U.S.C. § 522(d)(5) - unused homestead	1,000.00	1,000.00
2012 Mazda 6 (86,000 miles)	11 U.S.C. § 522(d)(2)	100.00	12,000.00

B6D (Official Form 6D) (12/07)

In re **William Michael Smith,
Paula Jo Smith**

Case No. _____

Debtors

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H U S B A N D W I F E J O I N T C O M M U N I T Y	D A T E C L A I M W A S I N C U R R E D, N A T U R E O F L I E N, A N D D E S C R I P T I O N A N D V A L U E O F P R O P E R T Y S U B J E C T T O L I E N	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M W I T H O U T D E D U C T I N G V A L U E O F C O L L A T E R A L	U N S E C U R E D P O R T I O N, I F A N Y
Account No. Creditor #: 1 BANK OF AMERICA 450 AMERICA ST SIMI VALLEY, CA 93065		J	Mortgage Homestead: Harvest Pond 1st Addition, Lot 025, Block 003, Rice County, Minnesota. Address: 508 9th Avenue Northeast, Lonsdale, MN 55046. (2015 Estimated Market Value = \$169,300.00) Value \$ 158,000.00				133,910.01	0.00
Account No. BANK OF AMERICA PRESIDENT BRYAN T. MOYNIHAN 100 NORTH TRYON STREET CHARLOTTE, NC 28255			Representing: BANK OF AMERICA Value \$				Notice Only	
Account No. Creditor #: 2 CHRYSLER CAPITAL PO BOX 961275 FORT WORTH, TX 76161-0275		J	Lien on 2012 Mazda 6 (86,000 miles) Value \$ 12,000.00				12,746.40	746.40
Account No. Creditor #: 3 FIFTH THIRD BANK 5050 KINGSLEY 1M0C2J CINCINNATI, OH 45263		J	Second Mortgage Homestead: Harvest Pond 1st Addition, Lot 025, Block 003, Rice County, Minnesota. Address: 508 9th Avenue Northeast, Lonsdale, MN 55046. (2015 Estimated Market Value = \$169,300.00) Value \$ 158,000.00				64,976.89	40,886.90
Subtotal (Total of this page)							211,633.30	41,633.30

1 continuation sheets attached

B6D (Official Form 6D) (12/07) - Cont.

In re **William Michael Smith,
Paula Jo Smith**

Case No. _____

Debtors

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS
(Continuation Sheet)

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
		H W J C					
Account No.							
CLIENT SERVICES INC 3451 HARRY TRUMAN BLVD SAINT CHARLES, MO 63301			Representing: FIFTH THIRD BANK			Notice Only	
			Value \$				
Account No.							
FIFTH THIRD BANK PO BOX 740778 CINCINNATI, OH 45263-0778			Representing: FIFTH THIRD BANK			Notice Only	
			Value \$				
Account No.							
Creditor #: 4 HOUSEHOLD BANK/YAMAHA 90 CHRISTIANA ROAD NEW CASTLE, DE 19720-3118		H	Lien on 2005 Yamaha Venture motorcycle (2,000 miles)				
			Value \$ 9,520.00			8,987.00	0.00
Account No.							
Creditor #: 5 TRUSTONE FINANCIAL FCU 14601 27TH AVENUE N, STE 104 MINNEAPOLIS, MN 55447		J	Lien on (paid through plan) 2003 Ford Focus (180,000 miles)				
			Value \$ 3,000.00			2,612.45	0.00
Account No.							
			Value \$				
Subtotal						11,599.45	0.00
(Total of this page)							
Total						223,232.75	41,633.30
(Report on Summary of Schedules)							

Sheet **1** of **1** continuation sheets attached to
Schedule of Creditors Holding Secured Claims

In re **William Michael Smith,
Paula Jo Smith**

Case No. _____

Debtors

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

☒ **Domestic support obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

☐ **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$12,475* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$6,150* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

☐ **Deposits by individuals**

Claims of individuals up to \$2,775* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

☒ **Taxes and certain other debts owed to governmental units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ **Commitments to maintain the capital of an insured depository institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

☐ **Claims for death or personal injury while debtor was intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

* Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

B6E (Official Form 6E) (4/13) - Cont.

In re **William Michael Smith,
Paula Jo Smith**

Case No. _____

Debtors

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS
(Continuation Sheet)

Domestic Support Obligations

TYPE OF PRIORITY

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R R	H W J C	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
									AMOUNT ENTITLED TO PRIORITY
Account No.									
Creditor #: 1 ANN MARIE UNDERWOOD 19863 DENALI WAY FARMINGTON, MN 55024		H		ONGOING CHILD SUPPORT OF \$650.00 PER MONTH.					Unknown
								Unknown	0.00
Account No.									
Account No.									
Account No.									
Account No.									
Subtotal									0.00
(Total of this page)								0.00	0.00

Sheet **1** of **2** continuation sheets attached to
Schedule of Creditors Holding Unsecured Priority Claims

B6E (Official Form 6E) (4/13) - Cont.

In re **William Michael Smith,
Paula Jo Smith**

Case No. _____

Debtors

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS
(Continuation Sheet)

**Taxes and Certain Other Debts
Owed to Governmental Units**

TYPE OF PRIORITY

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R R	H U S B A N D W I F E J O I N T C O M M U N I T Y	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
								AMOUNT ENTITLED TO PRIORITY
Account No.			2014 State Income Tax					
Creditor #: 2 MINNESOTA DEPT OF REVENUE COLLECTION ENFORCEMENT - BKY PO BOX 64447, LOCATION 511 ST PAUL, MN 55164		J						0.00
							1,153.13	1,153.13
Account No.			2012 STATE TAXES					
Creditor #: 3 MN DEPT OF REVENUE 551 BKY SECTION CEU DEPT PO BOX 64447 ST PAUL, MN 55164		J						0.00
							760.86	760.86
Account No.								
Account No.								
Account No.								
Subtotal								0.00
(Total of this page)							1,913.99	1,913.99
Total								0.00
(Report on Summary of Schedules)							1,913.99	1,913.99

Sheet **2** of **2** continuation sheets attached to
Schedule of Creditors Holding Unsecured Priority Claims

B6F (Official Form 6F) (12/07)

In re **William Michael Smith,
Paula Jo Smith**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R H U S B A N D W I F E J O I N T C O M M U N I T Y	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. Creditor #: 1 CAPITAL ONE PO BOX 30285 SALT LAKE CITY, UT 84130-0285		W				2,142.00
Account No. CAPITAL ONE ATTN: BANKRUPTCY DEPT PO BOX 30285 SALT LAKE CITY, UT 84130-0285						Notice Only
Account No. MESSERLI & KRAMER PA 3033 CAMPUS DR SUITE 250 PLYMOUTH, MN 55441						Notice Only
Account No. Creditor #: 2 CAPITAL ONE PO BOX 30285 SALT LAKE CITY, UT 84130-0285		H				8,813.00
Subtotal (Total of this page)						10,955.00

14 continuation sheets attached

B6F (Official Form 6F) (12/07) - Cont.

In re **William Michael Smith,
Paula Jo Smith**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. ASSOCIATED RECOVERY SYSTEMS PO BOX 46908 ESCONDIDO, CA 92046-9048		Representing: CAPITAL ONE					Notice Only
Account No. BASS & ASSOCIATES 3936 E FT LOWELL RD STE 200 TUCSON, AZ 85712		Representing: CAPITAL ONE					Notice Only
Account No. CAPITAL ONE PO BOX 30285 SALT LAKE CITY, UT 84130-0285		Representing: CAPITAL ONE					Notice Only
Account No. Creditor #: 3 CENTRAL REGIONAL PATH LAB 1875 WOODWINDS DR #220 WOODBURY, MN 55125-2502	H	MEDICAL BILL					53.00
Account No. Creditor #: 4 CHILDREN'S HEALTHCARE PO BOX 86 12-1833 MINNEAPOLIS, MN 55486	W	MEDICAL BILL					3,320.00
Sheet no. <u>1</u> of <u>14</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims <div style="text-align: right;"> Subtotal (Total of this page) </div>							3,373.00

B6F (Official Form 6F) (12/07) - Cont.

In re **William Michael Smith,
Paula Jo Smith**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No.						
CHILDRENS HEALTHCARE 345 N SMITH AVE ST PAUL, MN 55102		Representing: CHILDREN'S HEALTHCARE				Notice Only
Account No.						
JC CHRISTENSEN & ASSOCIATES PO BOX 519 SAUK RAPIDS, MN 56379		Representing: CHILDREN'S HEALTHCARE				Notice Only
Account No.						
Creditor #: 5 CITIBANK PO BOX 6241 SIOUX FALLS, SD 57117-6241		CREDIT CARD				851.00
Account No.						
CITIBANK PO BOX 6500 SIOUX FALLS, SD 57117-6500		Representing: CITIBANK				Notice Only
Account No.						
MIDLAND FUNDING, LLC 380 JACKSON STREET, STE 700 SAINT PAUL, MN 55101		Representing: CITIBANK				Notice Only
Sheet no. <u>2</u> of <u>14</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						851.00

B6F (Official Form 6F) (12/07) - Cont.

In re **William Michael Smith,
Paula Jo Smith**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. Creditor #: 6 CREDIT ONE BANK PO BOX 60500 CITY OF INDUSTRY, CA 91716-0500	J	CREDIT CARD				752.00
Account No. Creditor #: 7 D.S. ERICKSON & ASSOCIATES 920 SECOND AVE S SUITE 800 MINNEAPOLIS, MN 55401	W	MEDICAL BILL				356.00
Account No. Creditor #: 8 DISCOVER CARD PO BOX 6103 CAROL STREAM, IL 60197-6103	H	CREDIT CARD				4,668.00
Account No. DISCOVER FINANCIAL SERVICES PO BOX 30943 SALT LAKE CITY, UT 84130-0943		Representing: DISCOVER CARD				Notice Only
Account No. GURSTEL CHARGO, PA 6681 COUNTRY CLUB DRIVE MINNEAPOLIS, MN 55427		Representing: DISCOVER CARD				Notice Only
Sheet no. 3 of 14 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						5,776.00

B6F (Official Form 6F) (12/07) - Cont.

In re **William Michael Smith,
Paula Jo Smith**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. Creditor #: 9 GREAT LAKES PO BOX 3059 MILWAUKEE, WI 53201	W	STUDENT LOAN				6,653.00
Account No. US DEPARTMENT OF EDUCATION 400 MARYLAND AVENUE SW WASHINGTON, DC 20202		Representing: GREAT LAKES				Notice Only
Account No. Creditor #: 10 HEALTH PARTNERS PO BOX 77026 MINNEAPOLIS, MN 55480	W	MEDICAL BILL				20.00
Account No. Creditor #: 11 HEALTHSOURCE OF EAGAN 4555 ERIN DR STE 200 EAGAN, MN 55122-3432	W	MEDICAL BILL				196.00
Account No. Creditor #: 12 HEIDI H COLE PO BOX 238 AVON, MN 56310	H	MEDICAL BILL				67.00
Sheet no. <u>4</u> of <u>14</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						6,936.00

B6F (Official Form 6F) (12/07) - Cont.

In re **William Michael Smith,
Paula Jo Smith**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. CREDITOR ADVOCATES 14551 JUDICIAL ROAD SUITE 101 BURNSVILLE, MN 55306		Representing: HEIDI H COLE						Notice Only
Account No. Creditor #: 13 JC CHRISTENSEN & ASSOCIATES PO BOX 519 SAUK RAPIDS, MN 56379		MEDICAL BILL	H					53.00
Account No. Creditor #: 14 KOHL'S/CAPITAL ONE PO BOX 3115 MILWAUKEE, WI 53201-3115		CREDIT CARD	H					274.00
Account No. Creditor #: 15 LIFE DEVELOPMENTAL RESOURCES 10591 165TH STREET W LAKEVILLE, MN 55044		MEDICAL BILL	W					120.00
Account No. Creditor #: 16 MAYO CLINIC 1025 MARSH STREET MANKATO, MN 56001-4752		MEDICAL BILL	J					1,788.00
Sheet no. <u>5</u> of <u>14</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims								Subtotal (Total of this page) 2,235.00

B6F (Official Form 6F) (12/07) - Cont.

In re **William Michael Smith,
Paula Jo Smith**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. Creditor #: 17 MCHS NEW PRAGUE HOSPITAL PO BOX 3162 MILWAUKEE, WI 53201-3162	H	MEDICAL BILL				1,097.00
Account No. Creditor #: 18 METROPOLITAN ANESTHESIA NETWK 14700 28TH AVE N STE 20 PLYMOUTH, MN 55447	W	MEDICAL BILL				49.00
Account No. AMERICAN ACCOUNTS & ADVISERS 7460 80TH ST S COTTAGE GROVE, MN 55016		Representing: METROPOLITAN ANESTHESIA NETWK				Notice Only
Account No. Creditor #: 19 MILLS FLEET FARM 5635 HADLEY AVE N OAKDALE, MN 55128	H	CREDIT CARD				1,451.00
Account No. Creditor #: 20 MINNESOTA GASTROENTEROLOGY PO BOX 14829 MINNEAPOLIS, MN 55414	W	MEDICAL BILL				37.00
Sheet no. <u>6</u> of <u>14</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 2,634.00

B6F (Official Form 6F) (12/07) - Cont.

In re **William Michael Smith,
Paula Jo Smith**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No.						
ADVANTAGE COLLECTION PROF PO BOX 353 CAMBRIDGE, MN 55008			Representing: MINNESOTA GASTROENTEROLOGY			Notice Only
Account No.						
Creditor #: 21 NEW PRAGUE DENTAL CENTER 101 LEXINGTON AVE S NEW PRAGUE, MN 56071		H	DENTAL BILL			117.00
Account No.						
Creditor #: 22 NEW PRAGUE HOSPITAL 301 2ND ST NE NEW PRAGUE, MN 56071		H	MEDICAL BILL			216.00
Account No.						
PROFESSIONAL SERV BUREAU PO BOX 331 ELK RIVER, MN 55330			Representing: NEW PRAGUE HOSPITAL			Notice Only
Account No.						
Creditor #: 23 NORTHFIELD CLINIC 2000 NORTH AVENUE NORTHFIELD, MN 55057		W	MEDICAL BILL			133.00
Sheet no. <u>7</u> of <u>14</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						466.00

B6F (Official Form 6F) (12/07) - Cont.

In re **William Michael Smith,
Paula Jo Smith**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No.						
PROFESSIONAL SERVICE BUREAU 11110 INDUSTRIAL CIRCLE NW SUITE B, PO BOX 331 ELK RIVER, MN 55330-0331		Representing: NORTHFIELD CLINIC				Notice Only
Account No.		MEDICAL BILL				
Creditor #: 24 NORTHFIELD HOSPITAL 2000 NORTH AVENUE NORTHFIELD, MN 55057	W					452.00
Account No.		MEDICAL BILL				
Creditor #: 25 NORTHFIELD HOSPITAL 2000 NORTH AVENUE NORTHFIELD, MN 55057	W					481.00
Account No.		Representing: NORTHFIELD HOSPITAL				Notice Only
PROFESSIONAL SERVICE BUREAU 11110 INDUSTRIAL CIRCLE NW SUITE B, PO BOX 331 ELK RIVER, MN 55330-0331						
Account No.		MEDICAL BILL				
Creditor #: 26 NORTHFIELD HOSPITAL 2000 NORTH AVENUE NORTHFIELD, MN 55057	W					730.00
Sheet no. <u>8</u> of <u>14</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						1,663.00

B6F (Official Form 6F) (12/07) - Cont.

In re **William Michael Smith,
Paula Jo Smith**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. Creditor #: 27 PEDIATRIC SURGICAL ASSOC., LTD 7710 COMPUTER AVENUE, STE. 110 MINNEAPOLIS, MN 55435-5417	W	MEDICAL BILL				207.00
Account No. Creditor #: 28 PROFESSIONAL SERV BUREAU PO BOX 331 ELK RIVER, MN 55330	H	MEDICAL BILL				91.00
Account No. Creditor #: 29 REGIONAL ANESTHESIA SVCS 13911 RIDGEDALE DR. #350 HOPKINS, MN 55305-1770	H	MEDICAL BILL				520.00
Account No. PROFESSIONAL SERVICE BUREAU 11110 INDUSTRIAL CIRCLE NW SUITE B, PO BOX 331 Elk River, MN 55330-0331		Representing: REGIONAL ANESTHESIA SVCS				Notice Only
Account No. Creditor #: 30 REGIONS HOSPITAL PO BOX 77093 MINNEAPOLIS, MN 55480-7793	W	MEDICAL BILL				460.00
Sheet no. <u>9</u> of <u>14</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						1,278.00

B6F (Official Form 6F) (12/07) - Cont.

In re **William Michael Smith,
Paula Jo Smith**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. Creditor #: 31 SAMS CLUB/GECCRB PO BOX 981400 EL PASO, TX 79998	H	CREDIT CARD				500.00
Account No. Creditor #: 32 SEARS CREDIT CARD PO BOX 688956 DES MOINES, IA 50368-8956	W	CREDIT CARD				349.00
Account No. SEARS 1633 BROADWAY NEW YORK, NY 10019		Representing: SEARS CREDIT CARD				Notice Only
Account No. Creditor #: 33 SEARS CREDIT CARD PO BOX 688956 DES MOINES, IA 50368-8956	H	CREDIT CARD				3,680.00
Account No. FINANCIAL RECOVERY SERVICES PO BOX 385908 MINNEAPOLIS, MN 55438-5908		Representing: SEARS CREDIT CARD				Notice Only
Sheet no. <u>10</u> of <u>14</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						4,529.00

B6F (Official Form 6F) (12/07) - Cont.

In re **William Michael Smith,
Paula Jo Smith**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.						
LEADING EDGE RECOVERY SOLUTIONS 5440 N CUMBERLAND AVE STE 300 CHICAGO, IL 60656-1490		Representing: SEARS CREDIT CARD				Notice Only
Account No.						
SEARS NATIONAL CUSTOMER RELATIONS 3333 BEVERLY ROAD HOFFMAN ESTATES, IL 60179		Representing: SEARS CREDIT CARD				Notice Only
Account No.						
VALENTINE & KEBARTAS, INC. PO BOX 325 LAWRENCE, MA 01842		Representing: SEARS CREDIT CARD				Notice Only
Account No.						
Creditor #: 34 ST PAUL RADIOLOGY PO BOX 812 INDIANAPOLIS, IN 46206		MEDICAL BILL				150.00
Account No.						
CENTRAL CREDIT SERVICES LLC PO BOX 1850 SAINT CHARLES, MO 63302		Representing: ST PAUL RADIOLOGY				Notice Only
Sheet no. <u>11</u> of <u>14</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						150.00

B6F (Official Form 6F) (12/07) - Cont.

In re **William Michael Smith,
Paula Jo Smith**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. Creditor #: 35 TARGET NATIONAL BANK PO BOX 59317 MINNEAPOLIS, MN 55459-0317	H	CREDIT CARD				7,810.00
Account No. MERCANTILE ADJSTMT BUREAU, LLC PO BOX 9016 BUFFALO, NY 14231-9016		Representing: TARGET NATIONAL BANK				Notice Only
Account No. PHILLIPS AND COHEN ASSOCIATES, MAIL STOP 570 1002 JUSTISON STREET WILMINGTON, DE 19801		Representing: TARGET NATIONAL BANK				Notice Only
Account No. TARGET 1000 NICOLLET MALL MINNEAPOLIS, MN 55403		Representing: TARGET NATIONAL BANK				Notice Only
Account No. Creditor #: 36 TRUSTONE FINANCIAL FCU 14601 27TH AVENUE N, STE 104 MINNEAPOLIS, MN 55447	W	LOAN				4,531.00
Sheet no. <u>12</u> of <u>14</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 12,341.00

B6F (Official Form 6F) (12/07) - Cont.

In re **William Michael Smith,
Paula Jo Smith**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No.						
BULLSEYE FINANCIAL PO BOX 60 MONTICELLO, MN 55362-0062			Representing: TRUSTONE FINANCIAL FCU			Notice Only
Account No.						
Creditor #: 37 TRUSTONE FINANCIAL FCU 14601 27TH AVENUE N, STE 104 MINNEAPOLIS, MN 55447		H	LOAN			4,531.00
Account No.						
BULLSEYE FINANCIAL PO BOX 60 MONTICELLO, MN 55362-0062			Representing: TRUSTONE FINANCIAL FCU			Notice Only
Account No.						
Creditor #: 38 TWIN CITIES ANESTHESIA ASSOC PO BOX 860212 MINNEAPOLIS, MN 55486-0212		W	MEDICAL BILL			125.00
Account No.						
CERTIFIED RECOVERY INC PO BOX 808 EAU CLAIRE, WI 54702			Representing: TWIN CITIES ANESTHESIA ASSOC			Notice Only
Sheet no. <u>13</u> of <u>14</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						4,656.00

Case No. _____

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

Best Case Bankruptcy

In re **William Michael Smith,
Paula Jo Smith**

Case No. _____

Debtors

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser", "Agent", etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☐ Check this box if debtor has no executory contracts or unexpired leases.

Name and Mailing Address, Including Zip Code, of Other Parties to Lease or Contract	Description of Contract or Lease and Nature of Debtor's Interest. State whether lease is for nonresidential real property. State contract number of any government contract.
--	--

In re **William Michael Smith,
Paula Jo Smith**

Case No. _____

Debtors

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☐ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR

NAME AND ADDRESS OF CREDITOR

0

_____ continuation sheets attached to Schedule of Codebtors

Fill in this information to identify your case:

Debtor 1 William Michael Smith

Debtor 2 Paula Jo Smith
(Spouse, if filing)

United States Bankruptcy Court for the: DISTRICT OF MINNESOTA

Case number _____
(If known)

Check if this is:

- ☐ An amended filing
☐ A supplement showing post-petition chapter 13 income as of the following date:

MM / DD/ YYYY

Official Form B 6I

Schedule I: Your Income

12/13

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

Occupation

Employer's name

Employer's address

Debtor 1

- ☒ Employed
☐ Not employed

BAGGAGE HANDLER

DELTA AIRLINES

LINDBERGH TERMINAL
MINNEAPOLIS, MN 30320

How long employed there?

18 YEARS

Debtor 2 or non-filing spouse

- ☒ Employed
☐ Not employed

SOCIAL WORKER

DAKOTA COUNTY

1 MENDOTA RD W
SAINT PAUL, MN 55118

14 YEARS

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

		For Debtor 1	For Debtor 2 or non-filing spouse
2.	List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	\$ <u>3,748.00</u>	\$ <u>5,172.80</u>
3.	Estimate and list monthly overtime pay.	+\$ <u>0.00</u>	+\$ <u>0.00</u>
4.	Calculate gross income. Add line 2 + line 3.	\$ <u>3,748.00</u>	\$ <u>5,172.80</u>

Debtor 1 **William Michael Smith**
Debtor 2 **Paula Jo Smith**

Case number (if known)

	For Debtor 1	For Debtor 2 or non-filing spouse	
Copy line 4 here	4. \$ 3,748.00	\$ 5,172.80	
5. List all payroll deductions:			
5a. Tax, Medicare, and Social Security deductions	5a. \$ 590.00	\$ 717.30	
5b. Mandatory contributions for retirement plans	5b. \$ 0.00	\$ 0.00	
5c. Voluntary contributions for retirement plans	5c. \$ 70.88	\$ 0.00	
5d. Required repayments of retirement fund loans	5d. \$ 298.18	\$ 0.00	
5e. Insurance	5e. \$ 249.00	\$ 396.89	
5f. Domestic support obligations	5f. \$ 0.00	\$ 0.00	
5g. Union dues	5g. \$ 0.00	\$ 55.34	
5h. Other deductions. Specify: <u>Child support</u>	5h.+ \$ 647.83	+ \$ 0.00	
<u>PEHC (Post Employment Health Care)</u>	\$ 0.00	\$ 51.14	
<u>Childcare</u>	\$ 0.00	\$ 272.00	
<u>PERA retirement account</u>	\$ 0.00	\$ 65.10	
<u>Short term disability insurance</u>	\$ 0.00	\$ 77.90	
<u>Dental</u>	\$ 0.00	\$ 24.76	
6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6. \$ 1,855.89	\$ 1,660.43	
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$ 1,892.11	\$ 3,512.37	
8. List all other income regularly received:			
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ 0.00	\$ 0.00	
8b. Interest and dividends	8b. \$ 0.00	\$ 0.00	
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ 0.00	\$ 704.00	
8d. Unemployment compensation	8d. \$ 0.00	\$ 0.00	
8e. Social Security	8e. \$ 0.00	\$ 0.00	
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f. \$ 0.00	\$ 0.00	
8g. Pension or retirement income	8g. \$ 0.00	\$ 0.00	
8h. Other monthly income. Specify:	8h.+ \$ 0.00	+ \$ 0.00	
9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9. \$ 0.00	\$ 704.00	
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ 1,892.11	+ \$ 4,216.37	= \$ 6,108.48
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:			
		11. +\$	0.00
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the <i>Summary of Schedules</i> and <i>Statistical Summary of Certain Liabilities</i> and Related Data, if it applies		12. \$	6,108.48
			Combined monthly income
13. Do you expect an increase or decrease within the year after you file this form?			
<input type="checkbox"/> No.			
<input checked="" type="checkbox"/> Yes. Explain: <u>Husband is 51 years of age and wife is 44 years of age.</u>			

Fill in this information to identify your case:

Debtor 1 William Michael Smith

Debtor 2 Paula Jo Smith
(Spouse, if filing)

United States Bankruptcy Court for the: DISTRICT OF MINNESOTA

Case number _____
(If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing post-petition chapter 13 expenses as of the following date:

MM / DD / YYYY

- ☐ A separate filing for Debtor 2 because Debtor 2 maintains a separate household

Official Form B 6J

Schedule J: Your Expenses

12/13

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

☐ No. Go to line 2.

☒ Yes. Does Debtor 2 live in a separate household?

☒ No

☐ Yes. Debtor 2 must file a separate Schedule J.

2. Do you have dependents? ☐ No

Do not list Debtor 1 and Debtor 2.

☒ Yes. Fill out this information for each dependent.....

Do not state the dependents' names.

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

Son

8

☐ No
☒ Yes

Son

16

☐ No
☒ Yes

Son

17

☐ No
☒ Yes

Son

20

☒ No
☐ Yes

3. Do your expenses include expenses of people other than yourself and your dependents? ☒ No
☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 6I.)

Your expenses

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ 1,301.22

If not included in line 4:

4a. Real estate taxes

4a. \$ 0.00

4b. Property, homeowner's, or renter's insurance

4b. \$ 0.00

4c. Home maintenance, repair, and upkeep expenses

4c. \$ 200.00

4d. Homeowner's association or condominium dues

4d. \$ 0.00

5. Additional mortgage payments for your residence, such as home equity loans

5. \$ 321.60

Debtor 1 **William Michael Smith**
Debtor 2 **Paula Jo Smith**

Case number (if known) _____

6. Utilities:		
6a. Electricity, heat, natural gas	6a. \$	421.00
6b. Water, sewer, garbage collection	6b. \$	202.00
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$	450.00
6d. Other. Specify: _____	6d. \$	0.00
7. Food and housekeeping supplies	7. \$	1,100.00
8. Childcare and children's education costs	8. \$	49.00
9. Clothing, laundry, and dry cleaning	9. \$	310.00
10. Personal care products and services	10. \$	150.00
11. Medical and dental expenses	11. \$	118.00
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$	950.00
13. Entertainment, clubs, recreation, newspapers, magazines, and books	13. \$	157.00
14. Charitable contributions and religious donations	14. \$	30.00
15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a. Life insurance	15a. \$	18.66
15b. Health insurance	15b. \$	0.00
15c. Vehicle insurance	15c. \$	301.00
15d. Other insurance. Specify: _____	15d. \$	0.00
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16. \$	0.00
17. Installment or lease payments:		
17a. Car payments for Vehicle 1	17a. \$	351.80
17b. Car payments for Vehicle 2	17b. \$	193.95
17c. Other. Specify: _____	17c. \$	0.00
17d. Other. Specify: _____	17d. \$	0.00
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 6I).	18. \$	200.00
19. Other payments you make to support others who do not live with you. Specify: _____	\$	0.00
20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.		
20a. Mortgages on other property	20a. \$	0.00
20b. Real estate taxes	20b. \$	0.00
20c. Property, homeowner's, or renter's insurance	20c. \$	0.00
20d. Maintenance, repair, and upkeep expenses	20d. \$	0.00
20e. Homeowner's association or condominium dues	20e. \$	0.00
21. Other: Specify: Daycare	21. +\$	272.00
Sports for 16 yr. old son	+\$	258.42
Tobacco	+\$	42.00
School lunches	+\$	225.00
Sports for 8 yr. old son	+\$	96.60
22. Your monthly expenses. Add lines 4 through 21. The result is your monthly expenses.	22. \$	7,719.25
23. Calculate your monthly net income.		
23a. Copy line 12 (<i>your combined monthly income</i>) from Schedule I.	23a. \$	6,108.48
23b. Copy your monthly expenses from line 22 above.	23b. -\$	7,719.25
23c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .	23c. \$	-1,610.77
24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?		
<input checked="" type="checkbox"/> No.		
<input type="checkbox"/> Yes.		
Explain: Wife diagnosed with breast cancer October 2013. She underwent a double mastectomy. Husband and wife lost income for 12 months after ward. Wife's income still sporadic.		

**United States Bankruptcy Court
District of Minnesota**

In re **William Michael Smith
Paula Jo Smith**

Debtor(s)

Case No.

Chapter

7

DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of **36** sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date **October 14, 2015**

Signature **/s/ William Michael Smith**

William Michael Smith

Debtor

Date **October 14, 2015**

Signature **/s/ Paula Jo Smith**

Paula Jo Smith

Joint Debtor

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.
18 U.S.C. §§ 152 and 3571.

United States Bankruptcy Court
District of Minnesota

In re **William Michael Smith
Paula Jo Smith**

Debtor(s)

Case No.

Chapter **7**

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any persons in control of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(2), (31).

1. Income from employment or operation of business

None
☐

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE
\$88,320.66	2015 Gross Income
\$91,347.00	2014 Gross Income
\$82,606.00	2013 Gross Income

2. Income other than from employment or operation of business

None
☐

State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE
\$7,040.00	2015 CHILD SUPPORT

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AMOUNT	SOURCE
\$8,448.00	2014 CHILD SUPPORT
\$8,448.00	2013 CHILD SUPPORT

3. Payments to creditors

None ☐ *Complete a. or b., as appropriate, and c.*

a. *Individual or joint debtor(s) with primarily consumer debts:* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS	AMOUNT PAID	AMOUNT STILL OWING
Normal Monthly Payments Only		\$0.00	\$0.00
(Disregard "\$0.00" Figure at Right)			

None ☒ b. *Debtor whose debts are not primarily consumer debts:* List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$6,225*. If the debtor is an individual, indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS/ TRANSFERS	AMOUNT PAID OR VALUE OF TRANSFERS	AMOUNT STILL OWING
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None ☒ c. *All debtors:* List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR	DATE OF PAYMENT	AMOUNT PAID	AMOUNT STILL OWING
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4. Suits and administrative proceedings, executions, garnishments and attachments

None ☐ a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER	NATURE OF PROCEEDING	COURT OR AGENCY AND LOCATION	STATUS OR DISPOSITION
Mpls Radiation Oncology v. Paula Smith	Contract	Rice County	Summons

None ☒ b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED	DATE OF SEIZURE	DESCRIPTION AND VALUE OF PROPERTY
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* Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

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5. Repossessions, foreclosures and returns

- None ☒ List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER	DATE OF REPOSSESSION, FORECLOSURE SALE, TRANSFER OR RETURN	DESCRIPTION AND VALUE OF PROPERTY
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6. Assignments and receiverships

- None ☒ a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF ASSIGNEE	DATE OF ASSIGNMENT	TERMS OF ASSIGNMENT OR SETTLEMENT
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- None ☒ b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CUSTODIAN	NAME AND LOCATION OF COURT CASE TITLE & NUMBER	DATE OF ORDER	DESCRIPTION AND VALUE OF PROPERTY
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7. Gifts

- None ☒ List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION	RELATIONSHIP TO DEBTOR, IF ANY	DATE OF GIFT	DESCRIPTION AND VALUE OF GIFT
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8. Losses

- None ☒ List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case**. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY	DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS	DATE OF LOSS
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9. Payments related to debt counseling or bankruptcy

- None ☐ List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of the petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYER IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
Abacus Credit Counseling	September 2015	\$25
CRAIG W ANDRESEN ATTY 2001 KILLEBREW DR STE 150 BLOOMINGTON, MN 55425	September 2015	\$1,550 for attorney fees and \$335 for court filing fee

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10. Other transfers

- None ☐ a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR	DATE	DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED
None <input type="checkbox"/> b. List all property transferred by the debtor within ten years immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.		
NAME OF TRUST OR OTHER DEVICE	DATE(S) OF TRANSFER(S)	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR'S INTEREST IN PROPERTY

11. Closed financial accounts

- None ☐ List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION	TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE	AMOUNT AND DATE OF SALE OR CLOSING
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12. Safe deposit boxes

- None ☐ List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY	NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY	DESCRIPTION OF CONTENTS	DATE OF TRANSFER OR SURRENDER, IF ANY
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13. Setoffs

- None ☐ List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATE OF SETOFF	AMOUNT OF SETOFF
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14. Property held for another person

- None ☐ List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER	DESCRIPTION AND VALUE OF PROPERTY	LOCATION OF PROPERTY
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15. Prior address of debtor

- None ☐ If the debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS	NAME USED	DATES OF OCCUPANCY
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16. Spouses and Former Spouses

- None ☐ If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

17. Environmental Information.

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law

- None ☐ a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
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- None ☐ b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
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- None ☐ c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

NAME AND ADDRESS OF GOVERNMENTAL UNIT	DOCKET NUMBER	STATUS OR DISPOSITION
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18 . Nature, location and name of business

None

☐ a. *If the debtor is an individual*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within **six years** immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

	LAST FOUR DIGITS OF SOCIAL-SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO. (ITIN)/ COMPLETE EIN	ADDRESS	NATURE OF BUSINESS	BEGINNING AND ENDING DATES
NAME				

None

☐ b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

NAME	ADDRESS
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DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date	<u>October 14, 2015</u>	Signature	<u>/s/ William Michael Smith</u> William Michael Smith Debtor
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Date	<u>October 14, 2015</u>	Signature	<u>/s/ Paula Jo Smith</u> Paula Jo Smith Joint Debtor
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Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571

B8 (Form 8) (12/08)

**United States Bankruptcy Court
District of Minnesota**

In re **William Michael Smith
Paula Jo Smith**

Debtor(s)

Case No.

Chapter **7**

CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION

PART A - Debts secured by property of the estate. (Part A must be fully completed for **EACH** debt which is secured by property of the estate. Attach additional pages if necessary.)

Property No. 1	
Creditor's Name: BANK OF AMERICA	Describe Property Securing Debt: Homestead: Harvest Pond 1st Addition, Lot 025, Block 003, Rice County, Minnesota. Address: 508 9th Avenue Northeast, Lonsdale, MN 55046. (2015 Estimated Market Value = \$169,300.00)
Property will be (check one): <input type="checkbox"/> Surrendered <input checked="" type="checkbox"/> Retained If retaining the property, I intend to (check at least one): <input type="checkbox"/> Redeem the property <input type="checkbox"/> Reaffirm the debt <input checked="" type="checkbox"/> Other. Explain <u>Retain and pay.</u> (for example, avoid lien using 11 U.S.C. § 522(f)). Property is (check one): <input checked="" type="checkbox"/> Claimed as Exempt <input type="checkbox"/> Not claimed as exempt	
Property No. 2	
Creditor's Name: CHRYSLER CAPITAL	Describe Property Securing Debt: 2012 Mazda 6 (86,000 miles)
Property will be (check one): <input type="checkbox"/> Surrendered <input checked="" type="checkbox"/> Retained If retaining the property, I intend to (check at least one): <input type="checkbox"/> Redeem the property <input type="checkbox"/> Reaffirm the debt <input checked="" type="checkbox"/> Other. Explain <u>Retain and pay.</u> (for example, avoid lien using 11 U.S.C. § 522(f)). Property is (check one): <input checked="" type="checkbox"/> Claimed as Exempt <input type="checkbox"/> Not claimed as exempt	

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Property No. 3	
Creditor's Name: FIFTH THIRD BANK	Describe Property Securing Debt: Homestead: Harvest Pond 1st Addition, Lot 025, Block 003, Rice County, Minnesota. Address: 508 9th Avenue Northeast, Lonsdale, MN 55046. (2015 Estimated Market Value = \$169,300.00)
Property will be (check one): <input type="checkbox"/> Surrendered <input checked="" type="checkbox"/> Retained If retaining the property, I intend to (check at least one): <input type="checkbox"/> Redeem the property <input type="checkbox"/> Reaffirm the debt <input checked="" type="checkbox"/> Other. Explain <u>Retain and pay.</u> (for example, avoid lien using 11 U.S.C. § 522(f)). Property is (check one): <input checked="" type="checkbox"/> Claimed as Exempt <input type="checkbox"/> Not claimed as exempt	
Property No. 4	
Creditor's Name: TRUSTONE FINANCIAL FCU	Describe Property Securing Debt: 2003 Ford Focus (180,000 miles)
Property will be (check one): <input type="checkbox"/> Surrendered <input checked="" type="checkbox"/> Retained If retaining the property, I intend to (check at least one): <input type="checkbox"/> Redeem the property <input type="checkbox"/> Reaffirm the debt <input checked="" type="checkbox"/> Other. Explain <u>Retain and pay.</u> (for example, avoid lien using 11 U.S.C. § 522(f)). Property is (check one): <input checked="" type="checkbox"/> Claimed as Exempt <input type="checkbox"/> Not claimed as exempt	

PART B - Personal property subject to unexpired leases. (All three columns of Part B must be completed for each unexpired lease. Attach additional pages if necessary.)

Property No. 1		
Lessor's Name: -NONE-	Describe Leased Property:	Lease will be Assumed pursuant to 11 U.S.C. § 365(p)(2): <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

I declare under penalty of perjury that the above indicates my intention as to any property of my estate securing a debt and/or personal property subject to an unexpired lease.

Date **October 14, 2015**

Signature **/s/ William Michael Smith**
William Michael Smith
Debtor

Date **October 14, 2015**

Signature **/s/ Paula Jo Smith**
Paula Jo Smith
Joint Debtor

**United States Bankruptcy Court
District of Minnesota**

In re **William Michael Smith
Paula Jo Smith**

Debtor(s)

Case No.

Chapter

7

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above-named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal Services, I have agreed to accept	\$	1,550.00
Prior to the filing of this statement I have received	\$	1,550.00
Balance Due	\$	0.00

2. The source of the compensation paid to me was:
☒ Debtor ☐ Other (specify)

3. The source of the compensation to be paid to me is:
☒ Debtor ☐ Other (specify)

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with another person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people or entities sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

(a) Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;

(b) Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;

(c) Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

(d) Representation of the debtor in contested bankruptcy matters; and

(e) Other services reasonably necessary to represent the debtor(s).

6. Pursuant to Local Rules 1007-1 and 1007-3-1, I have advised the debtor of the requirements of paragraph 9 of the Statement of Financial Affairs of the duty to disclose all payments made, or property transferred, by or on behalf of the debtor to any person, including attorneys, for consultation concerning debt consolidation or reorganization, relief under bankruptcy law, or preparation of a petition in bankruptcy. I have reviewed the debtor's disclosures and they are accurate and complete to the best of my knowledge.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy case.

Dated: **October 14, 2015**

Signature of Attorney

/s/ Craig W. Andresen

Craig W. Andresen #186557

ADVANTAGE COLLECTION PROF
PO BOX 353
CAMBRIDGE MN 55008

AMERICAN ACCOUNTS & ADVISERS
7460 80TH ST S
COTTAGE GROVE MN 55016

ANN MARIE UNDERWOOD
19863 DENALI WAY
FARMINGTON MN 55024

ASSOCIATED RECOVERY SYSTEMS
PO BOX 46908
ESCONDIDO CA 92046-9048

BANK OF AMERICA
450 AMERICA ST
SIMI VALLEY CA 93065

BANK OF AMERICA
PRESIDENT BRYAN T. MOYNIHAN
100 NORTH TRYON STREET
CHARLOTTE NC 28255

BASS & ASSOCIATES
3936 E FT LOWELL RD STE 200
TUCSON AZ 85712

BULLSEYE FINANCIAL
PO BOX 60
MONTICELLO MN 55362-0062

CAPITAL ONE
PO BOX 30285
SALT LAKE CITY UT 84130-0285

CAPITAL ONE
ATTN: BANKRUPTCY DEPT
PO BOX 30285
SALT LAKE CITY UT 84130-0285

CENTRAL CREDIT SERVICES LLC
PO BOX 1850
SAINT CHARLES MO 63302

CENTRAL REGIONAL PATH LAB
1875 WOODWINDS DR #220
WOODBURY MN 55125-2502

CERTIFIED RECOVERY INC
PO BOX 808
EAU CLAIRE WI 54702

CHILDREN'S HEALTHCARE
PO BOX 86 12-1833
MINNEAPOLIS MN 55486

CHILDRENS HEALTHCARE
345 N SMITH AVE
ST PAUL MN 55102

CHRYSLER CAPITAL
PO BOX 961275
FORT WORTH TX 76161-0275

CITIBANK
PO BOX 6241
SIOUX FALLS SD 57117-6241

CITIBANK
PO BOX 6500
SIOUX FALLS SD 57117-6500

CLIENT SERVICES INC
3451 HARRY TRUMAN BLVD
SAINT CHARLES MO 63301

CREDIT ONE BANK
PO BOX 60500
CITY OF INDUSTRY CA 91716-0500

CREDITOR ADVOCATES
14551 JUDICIAL ROAD
SUITE 101
BURNSVILLE MN 55306

D.S. ERICKSON & ASSOCIATES
920 SECOND AVE S
SUITE 800
MINNEAPOLIS MN 55401

DISCOVER CARD
PO BOX 6103
CAROL STREAM IL 60197-6103

DISCOVER FINANCIAL SERVICES
PO BOX 30943
SALT LAKE CITY UT 84130-0943

FIFTH THIRD BANK
5050 KINGSLEY
1MOC2J
CINCINNATI OH 45263

FIFTH THIRD BANK
PO BOX 740778
CINCINNATI OH 45263-0778

FINANCIAL RECOVERY SERVICES
PO BOX 385908
MINNEAPOLIS MN 55438-5908

GREAT LAKES
PO BOX 3059
MILWAUKEE WI 53201

GURSTEL CHARGO, PA
6681 COUNTRY CLUB DRIVE
MINNEAPOLIS MN 55427

HEALTH PARTNERS
PO BOX 77026
MINNEAPOLIS MN 55480

HEALTHSOURCE OF EAGAN
4555 ERIN DR STE 200
EAGAN MN 55122-3432

HEIDI H COLE
PO BOX 238
AVON MN 56310

HOUSEHOLD BANK/YAMAHA
90 CHRISTIANA ROAD
NEW CASTLE DE 19720-3118

JC CHRISTENSEN & ASSOCIATES
PO BOX 519
SAUK RAPIDS MN 56379

KOHL'S/CAPITAL ONE
PO BOX 3115
MILWAUKEE WI 53201-3115

LEADING EDGE
RECOVERY SOLUTIONS
5440 N CUMBERLAND AVE STE 300
CHICAGO IL 60656-1490

LIFE DEVELOPMENTAL RESOURCES
10591 165TH STREET W
LAKEVILLE MN 55044

MAYO CLINIC
1025 MARSH STREET
MANKATO MN 56001-4752

MCHS NEW PRAGUE HOSPITAL
PO BOX 3162
MILWAUKEE WI 53201-3162

MERCANTILE ADJSTMT BUREAU, LLC
PO BOX 9016
BUFFALO NY 14231-9016

MESSERLI & KRAMER PA
3033 CAMPUS DR SUITE 250
PLYMOUTH MN 55441

METROPOLITAN ANESTHESIA NETWK
14700 28TH AVE N STE 20
PLYMOUTH MN 55447

MIDLAND FUNDING, LLC
380 JACKSON STREET, STE 700
SAINT PAUL MN 55101

MILLS FLEET FARM
5635 HADLEY AVE N
OAKDALE MN 55128

MINNESOTA DEPT OF REVENUE
COLLECTION ENFORCEMENT - BKY
PO BOX 64447, LOCATION 511
ST PAUL MN 55164

MINNESOTA GASTROENTEROLOGY
PO BOX 14829
MINNEAPOLIS MN 55414

MN DEPT OF REVENUE
551 BKY SECTION CEU DEPT
PO BOX 64447
ST PAUL MN 55164

NEW PRAGUE DENTAL CENTER
101 LEXINGTON AVE S
NEW PRAGUE MN 56071

NEW PRAGUE HOSPITAL
301 2ND ST NE
NEW PRAGUE MN 56071

NORTHFIELD CLINIC
2000 NORTH AVENUE
NORTHFIELD MN 55057

NORTHFIELD HOSPITAL
2000 NORTH AVENUE
NORTHFIELD MN 55057

PEDIATRIC SURGICAL ASSOC., LTD
7710 COMPUTER AVENUE, STE. 110
MINNEAPOLIS MN 55435-5417

PHILLIPS AND COHEN ASSOCIATES,
MAIL STOP 570
1002 JUSTISON STREET
WILMINGTON DE 19801

PROFESSIONAL SERV BUREAU
PO BOX 331
ELK RIVER MN 55330

PROFESSIONAL SERVICE BUREAU
11110 INDUSTRIAL CIRCLE NW
SUITE B, PO BOX 331
ELK RIVER MN 55330-0331

REGIONAL ANESTHESIA SVCS
13911 RIDGEDALE DR. #350
HOPKINS MN 55305-1770

REGIONS HOSPITAL
PO BOX 77093
MINNEAPOLIS MN 55480-7793

SAMS CLUB/GECCRB
PO BOX 981400
EL PASO TX 79998

SEARS
1633 BROADWAY
NEW YORK NY 10019

SEARS
NATIONAL CUSTOMER RELATIONS
3333 BEVERLY ROAD
HOFFMAN ESTATES IL 60179

SEARS CREDIT CARD
PO BOX 688956
DES MOINES IA 50368-8956

ST PAUL RADIOLOGY
PO BOX 812
INDIANAPOLIS IN 46206

TARGET
1000 NICOLLET MALL
MINNEAPOLIS MN 55403

TARGET NATIONAL BANK
PO BOX 59317
MINNEAPOLIS MN 55459-0317

TRUSTONE FINANCIAL FCU
14601 27TH AVENUE N, STE 104
MINNEAPOLIS MN 55447

TWIN CITIES ANESTHESIA ASSOC
PO BOX 860212
MINNEAPOLIS MN 55486-0212

US DEPARTMENT OF EDUCATION
400 MARYLAND AVENUE SW
WASHINGTON DC 20202

VALENTINE & KEBARTAS, INC.
PO BOX 325
LAWRENCE MA 01842

WINGS FINANCIAL FEDERAL C.U.
14985 GLAZIER AVE STE 100
APPLE VALLEY MN 55124

Fill in this information to identify your case:

Debtor 1 William Michael Smith

Debtor 2 Paula Jo Smith
(Spouse, if filing)

United States Bankruptcy Court for the: District of Minnesota

Case number _____
(if known)

Check one box only as directed in this form and in Form 22A-1Supp:

- ☐ 1. There is no presumption of abuse
- ☒ 2. The calculation to determine if a presumption of abuse applies will be made under *Chapter 7 Means Test Calculation* (Official Form 22A-2).
- ☐ 3. The Means Test does not apply now because of qualified military service but it could apply later.

☐ Check if this is an amended filing

Official Form 22A - 1 Chapter 7 Statement of Your Current Monthly Income

12/14

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file *Statement of Exemption from Presumption of Abuse Under § 707(b)(2)* (Official Form 22A-1Supp) with this form.

Part 1: Calculate Your Current Monthly Income

1. **What is your marital and filing status?** Check one only.
- ☐ **Not married.** Fill out Column A, lines 2-11.
- ☒ **Married and your spouse is filing with you.** Fill out both Columns A and B, lines 2-11.
- ☐ **Married and your spouse is NOT filing with you. You and your spouse are:**
- ☐ **Living in the same household and are not legally separated.** Fill out both Columns A and B, lines 2-11.
- ☐ **Living separately or are legally separated.** fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C § 707(b)(7)(B).

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

	Column A Debtor 1	Column B Debtor 2 or non-filing spouse
2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).	\$ 4,518.85	\$ 4,304.70
3. Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.	\$ 0.00	\$ 0.00
4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3.	\$ 0.00	\$ 0.00
5. Net income from operating a business, profession, or farm		
Gross receipts (before all deductions)	\$ 0.00	
Ordinary and necessary operating expenses	-\$ 0.00	
Net monthly income from a business, profession, or farm	\$ 0.00	\$ 0.00
6. Net income from rental and other real property		
Gross receipts (before all deductions)	\$ 0.00	
Ordinary and necessary operating expenses	-\$ 0.00	
Net monthly income from rental or other real property	\$ 0.00	\$ 0.00
7. Interest, dividends, and royalties	\$ 0.00	\$ 0.00

Debtor 1
Debtor 2

William Michael Smith
Paula Jo Smith

Case number (if known)

	Column A Debtor 1	Column B Debtor 2 or non-filing spouse
8. Unemployment compensation	\$ 0.00	\$ 0.00
Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here:		
For you	\$ 0.00	
For your spouse	\$ 0.00	
9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act.	\$ 0.00	\$ 0.00
10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total on line 10c.		
10a. CHILD SUPPORT	\$ 0.00	\$ 704.00
10b.	\$ 0.00	\$ 0.00
10c. Total amounts from separate pages, if any.	+ \$ 0.00	\$ 0.00
11. Calculate your total current monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.	\$ 4,518.85	+ \$ 5,008.70 = \$ 9,527.55
		Total current monthly income

Part 2: Determine Whether the Means Test Applies to You

12. Calculate your current monthly income for the year. Follow these steps:

12a. Copy your total current monthly income from line 11 **Copy line 11 here=>** 12a. \$ **9,527.55**

Multiply by 12 (the number of months in a year)

12b. The result is your annual income for this part of the form 12b. \$ **114,330.60**

13. Calculate the median family income that applies to you. Follow these steps:

Fill in the state in which you live. **MN**

Fill in the number of people in your household. **6**

Fill in the median family income for your state and size of household. 13. \$ **111,007.00**

14. How do the lines compare?

14a. ☐ Line 12b is less than or equal to line 13. On the top of page 1, check box 1, *There is no presumption of abuse.* Go to Part 3.

14b. ☒ Line 12b is more than line 13. On the top of page 1, check box 2, *The presumption of abuse is determined by Form 22A-2.* Go to Part 3 and fill out Form 22A-2.

Part 3: Sign Below

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

X /s/ William Michael Smith
William Michael Smith
Signature of Debtor 1
Date **October 14, 2015**
MM / DD / YYYY

X /s/ Paula Jo Smith
Paula Jo Smith
Signature of Debtor 2
Date **October 14, 2015**
MM / DD / YYYY

If you checked line 14a, do NOT fill out or file Form 22A-2.

If you checked line 14b, fill out Form 22A-2 and file it with this form.

Fill in this information to identify your case:

Debtor 1 William Michael Smith

Debtor 2 Paula Jo Smith
(Spouse, if filing)

United States Bankruptcy Court for the: District of Minnesota

Case number _____
(if known)

Check one box only as directed in lines 40 or 42:

According to the calculations required by this Statement:

- ☒ 1. There is no presumption of abuse.
- ☐ 2. There is a presumption of abuse.

☐ Check if this is an amended filing

Official Form 22A - 2 Chapter 7 Means Test Calculation

12/14

To fill out this form, you will need your completed copy of *Chapter 7 Statement of Your Current Monthly Income* (Official Form 22A-1).

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which additional information applies. On the top any additional pages, write your name and case number (if known).

Part 1: Calculate Your Adjusted Income

1. Copy your total current monthly income. _____ Copy line 11 from Official Form 22A-1 here=> 1. \$ 9,527.55

2. Did you fill out Column B in Part 1 of Form 22A-1?

☐ No. Fill in \$0 on line 3d.

☒ Yes. Is your spouse Filing with you?

☐ No. Go to line 3.

☒ Yes. Fill in \$0 on line 3d.

3. Adjust your current monthly income by subtracting any part of your spouse's income not used to pay for the household expenses of you or your dependents. Follow these steps:

☒ No. Fill in \$0 on line 3d.

☐ Yes. Fill in the information below:

State each purpose for which the income was used

For example, the income is used to pay your spouse's tax debt or to support other than you or your dependents.

Fill in the amount you are subtracting from your spouse's income

3a. _____ \$ _____

3b. _____ \$ _____

3c. _____ \$ _____

3d. **Total.** Add lines 3a, 3b, and 3c _____ \$ **0.00**

Copy total here=>...3d. - \$ **0.00**

4. Adjust your current monthly income. Subtract line 3d from line 1.

\$ **9,527.55**

Debtor 1
Debtor 2

William Michael Smith
Paula Jo Smith

Case number (if known)

Part 2: Calculate Your Deductions from Your Income

The Internal Revenue Service (IRS) issues National and Local Standards for certain expense amounts. Use these amounts to answer the questions in lines 6-15. To find the IRS standards, go online using the link specified in the separate instructions for this form. This information may also be available at the bankruptcy clerk's office.

Deduct the expense amounts set out in lines 6-15 regardless of your actual expense. In later parts of the form, you will use some of your actual expenses if they are higher than the standards. Do not deduct any amounts that you subtracted from your spouse's income in line 3 and do not deduct any operating expenses that you subtracted from income in lines 5 and 6 of form 22A-1.

If your expenses differ from month to month, enter the average expense.

Whenever this part of the form refers to *you*, it means both you and your spouse if Column B of Form 22A-1 is filled in.

5. The number of people used in determining your deductions from income

Fill in the number of people who could be claimed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support. This number may be different from the number of people in your household.

6

National Standards

You must use the IRS National Standards to answer the questions in lines 6-7.

6. Food, clothing, and other items: Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for food, clothing, and other items. \$ **2,269.00**

7. Out-of-pocket health care allowance: Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for out-of-pocket health care. The number of people is split into two categories--people who are under 65 and people who are 65 or older--because older people have a higher IRS allowance for health care costs. If your actual expenses are higher than this IRS amount, you may deduct the additional amount on line 22.

People who are under 65 years of age

7a. Out-of-pocket health care allowance per person \$ **60**

7b. Number of people who are under 65 X **6**

7c. **Subtotal.** Multiply line 7a by line 7b. \$ **360.00** Copy line 7c here=> \$ **360.00**

People who are 65 years of age or older

7d. Out-of-pocket health care allowance per person \$ **144**

7e. Number of people who are 65 or older X **0**

7f. **Subtotal.** Multiply line 7d by line 7e. \$ **0.00** Copy line 7f here=> \$ **0.00**

7g. **Total.** Add line 7c and line 7f \$ **360.00** Copy total here=> 7g. \$ **360.00**

Debtor 1
Debtor 2

William Michael Smith
Paula Jo Smith

Case number (if known)

Local Standards You must use the IRS Local Standards to answer the questions in lines 8-15.

Based on information from the IRS, the U.S. Trustee Program has divided the IRS Local Standard for housing for bankruptcy purposes into two parts:

Housing and utilities - Insurance and operating expenses
Housing and utilities - Mortgage or rent expenses

To answer the questions in lines 8-9, use the U.S. Trustee Program chart.

To find the chart, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office.

8. **Housing and utilities - Insurance and operating expenses:** Using the number of people you entered in line 5, fill in the dollar amount listed for your county for insurance and operating expenses. \$ **622.00**

9. **Housing and utilities - Mortgage or rent expenses:**

9a. Using the number of people you entered in line 5, fill in the dollar amount listed for your county for mortgage or rent expenses. 9a. \$ **1,532.00**

9b. Total average monthly payment for all mortgages and other debts secured by your home.

To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.

Name of the creditor	Average monthly payment
BANK OF AMERICA	\$ 1,301.22
FIFTH THIRD BANK	\$ 321.60

9b. Total average monthly payment

\$ **1,622.82**

Copy line 9b here=> -\$ **1,622.82**

9c. Net mortgage or rent expense.

Subtract line 9b (*total average monthly payment*) from line 9a (*mortgage or rent expense*). If this amount is less than \$0, enter \$0.

9c. \$

0.00

Copy line 9c here=>

\$

0.00

10. **If you claim that the U.S. Trustee Program's division of the IRS Local Standard for housing is incorrect and affects the calculation of your monthly expenses, fill in any additional amount you claim.** \$ **0.00**

Explain why: _____

11. **Local transportation expenses:** Check the number of vehicles for which you claim an ownership or operating expense.

☐ 0. Go to line 14.

☐ 1. Go to line 12.

☒ 2 or more. Go to line 12.

12. **Vehicle operation expense:** Using the IRS Local Standards and the number of vehicles for which you claim the operating expenses, fill in the *Operating Costs* that apply for your Census region or metropolitan statistical area. \$ **424.00**

Debtor 1
Debtor 2

William Michael Smith
Paula Jo Smith

Case number (if known)

13. **Vehicle ownership or lease expense:** Using the IRS Local Standards, calculate the net ownership or lease expense for each vehicle below. You may not claim the expense if you do not make any loan or lease payments

Vehicle 1 Describe Vehicle 1: **2003 Ford Focus (180,000 miles)**

13a. Ownership or leasing costs using IRS Local Standard 13a. \$ **517.00**

13b. Average monthly payment for all debts secured by Vehicle 1.
Do not include costs for leased vehicles.

To calculate the average monthly payment here and on line 13e, add all amounts that are contractually due to each secured creditor in the 60 months after you filed for bankruptcy. Then divide by 60.

Name of each creditor for Vehicle 1	Average monthly payment
CHRYSLER CAPITAL	\$ 351.80
TRUSTONE FINANCIAL FCU	\$ 41.89

Copy 13b here => -\$ **393.69**

13c. Net Vehicle 1 ownership or lease expense
Subtract line 13b from line 13a. if this amount is less than \$0, enter \$0.

13c. \$ **123.31** Copy net Vehicle 1 expense here => \$ **123.31**

Vehicle 2 Describe Vehicle 2:

13d. Ownership or leasing costs using IRS Local Standard 13d. \$ **0.00**

13e. Average monthly payment for all debts secured by Vehicle 2. Do not include costs for leased vehicles.

Name of each creditor for Vehicle 2	Average monthly payment
-NONE-	\$

Copy 13e here => -\$ **0.00**

13f. Net Vehicle 2 ownership or lease expense
Subtract line 13b from line 13a. if this amount is less than \$0, enter \$0.

13f. \$ **0.00** Copy net Vehicle 2 expense here => \$ **0.00**

14. **Public transportation expense:** If you claimed 0 vehicles in line 11, using the IRS Local Standards, fill in the *Public Transportation* expense allowance regardless of whether you use public transportation. \$ **0.00**

15. **Additional public transportation expense:** If you claimed 1 or more vehicles in line 11 and if you claim that you may also deduct a public transportation expense, you may fill in what you believe is the appropriate expense, but you may not claim more than the IRS Local Standard for *Public Transportation*. \$ **0.00**

Debtor 1
Debtor 2

William Michael Smith
Paula Jo Smith

Case number (if known)

Other Necessary Expenses In addition to the expense deductions listed above, you are allowed your monthly expenses for the following IRS categories.

16. **Taxes:** The total monthly amount that you will actually owe for federal, state and local taxes, such as income taxes, self-employment taxes, social security taxes, and Medicare taxes. You may include the monthly amount withheld from your pay for these taxes. However, if you expect to receive a tax refund, you must divide the expected refund by 12 and subtract that number from the total monthly amount that is withheld to pay for taxes.
Do not include real estate, sales, or use taxes. \$ 1,309.30
17. **Involuntary deductions:** The total monthly payroll deductions that your job requires, such as retirement contributions, union dues, and uniform costs.
Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings. \$ 55.35
18. **Life Insurance:** The total monthly premiums that you pay for your own term life insurance. If two married people are filing together, include payments that you make for your spouse's term life insurance. Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance other than term. \$ 120.44
19. **Court-ordered payments:** The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments.
Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35. \$ 647.83
20. **Education:** The total monthly amount that you pay for education that is either required:
as a condition for your job, or
for your physically or mentally challenged dependent child if no public education is available for similar services. \$ 0.00
21. **Childcare:** The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool.
Do not include payments for any elementary or secondary school education. \$ 272.00
22. **Additional health care expenses, excluding insurance costs:** The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7.
Payments for health insurance or health savings accounts should be listed only in line 25. \$ 0.00
23. **Optional telephone and telephone services:** The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer.
Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 22A-1, or any amount you previously deducted. +\$ 140.00
24. **Add all of the expenses allowed under the IRS expense allowances.** \$ 6,343.23
Add lines 6 through 23.

Debtor 1
Debtor 2

William Michael Smith
Paula Jo Smith

Case number (if known)

Additional Expense Deductions

These are additional deductions allowed by the Means Test.

Note: Do not include any expense allowances listed in lines 6-24.

25. **Health insurance, disability insurance, and health savings account expenses.** The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents.

Health insurance	\$	<u>733.65</u>
Disability insurance	\$	<u>77.90</u>
Health savings account	+ \$	<u>0.00</u>

Total

\$ 811.55

Copy total here=>

\$ 811.55

Do you actually spend this total amount?

☐ No. How much do you actually spend?

☒ Yes

\$

26. **Continued contributions to the care of household or family members.** The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses.

\$ 0.00

27. **Protection against family violence.** The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply.

By law, the court must keep the nature of these expenses confidential.

\$ 0.00

28. **Additional home energy costs.** Your home energy costs are included in your non-mortgage housing and utilities allowance on line 8.

If you believe that you have home energy costs that are more than the home energy costs included in the non-mortgage housing and utilities allowance, then fill in the excess amount of home energy costs.

You must give your case trustee documentation of your actual expenses, and you must show that the additional amount claimed is reasonable and necessary.

\$ 0.00

29. **Education expenses for dependent children who are younger than 18.** The monthly expenses (not more than \$156.25* per child) that you pay for your dependent children who are younger than 18 years old to attend a private or public elementary or secondary school.

You must give your case trustee documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in lines 6-23.

* Subject to adjustment on 4/01/16, and every 3 years after that for cases begun on or after the date of adjustment.

\$ 41.00

30. **Additional food and clothing expense.** The monthly amount by which your actual food and clothing expenses are higher than the combined food and clothing allowances in the IRS National Standards. That amount cannot be more than 5% of the food and clothing allowances in the IRS National Standards.

To find a chart showing the maximum additional allowance, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office.

You must show that the additional amount claimed is reasonable and necessary.

\$ 0.00

31. **Continuing charitable contributions.** The amount that you will continue to contribute in the form of cash or financial instruments to a religious or charitable organization. 26 U.S.C. § 170(c)(1)-(2)..

\$ 30.00

32. **Add all of the additional expense deductions**

Add lines 25 through 31.

\$ 882.55

Debtor 1
Debtor 2

William Michael Smith
Paula Jo Smith

Case number (if known)

Deductions for Debt Payment

33. For debts that are secured by an interest in property that you own, including home mortgages, vehicle loans, and other secured debt, fill in lines 33a through 33g.

To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.

Mortgages on your home:

Average monthly payment

33a. Copy line 9b here \Rightarrow \$ **1,622.82**

Loans on your first two vehicles

33b. Copy line 13b here \Rightarrow \$ **393.69**

33c. Copy line 13e here \Rightarrow \$ **0.00**

Name of each creditor for other secured debt

Identify property that secures the debt

Does payment include taxes or insurance?

33d. **-NONE-**

☐ No

☐ Yes

\$

33e.

☐ No

☐ Yes

\$

33f.

☐ No

☐ Yes

+\$

33g. Total average monthly payment. Add lines 33a through 33f

\$ **2,016.51**

Copy total here \Rightarrow

\$ **2,016.51**

34. Are any debts that you listed in line 33 secured by your primary residence, a vehicle, or other property necessary for your support or the support of your dependents?

☐ No. Go to line 35.

☒ Yes. State any amount that you must pay to a creditor, in addition to the payments listed in line 33, to keep possession of your property (called the *cure amount*). Next, divide by 60 and fill in the information below.

Name of the creditor

Identify property that secures the debt

Total cure amount

Monthly cure amount

Homestead: Harvest Pond 1st Addition, Lot 025, Block 003, Rice County, Minnesota.

Address: 508 9th Avenue Northeast, Lonsdale, MN 55046.

FIFTH THIRD BANK

(2015 Estimated Market Value = \$169,300.00)

\$ **60,000.00** $\div 60 =$ \$ **1,000.00**

\$ $\div 60 =$ \$

\$ $\div 60 =$ +\$

Total \$ **1,000.00**

Copy total here \Rightarrow

\$ **1,000.00**

Debtor 1
Debtor 2

William Michael Smith
Paula Jo Smith

Case number (if known)

35. Do you owe any priority claims such as a priority tax, child support, or alimony - that are past due as of the filing date of your bankruptcy case? 11 U.S.C. § 507.

☐ No. Go to line 36.

☒ Yes. Fill in the total amount of all of these priority claims. Do not include current or ongoing priority claims, such as those you listed in line 19.

Total amount of all past-due priority claims \$ **1,913.99** ÷ 60 = \$ **31.90**

Debtor 1
Debtor 2

William Michael Smith
Paula Jo Smith

Case number (if known)

36. **Are you eligible to file a case under Chapter 13?** 11 U.S.C. § 109(e).
For more information, go online using the link for *Bankruptcy Basics* specified in the separate instructions for this form. *Bankruptcy Basics* may also be available at the bankruptcy clerk's office.

- ☒ No. Go to line 37.
☐ Yes. Fill in the following information.

Projected monthly plan payment if you were filing under Chapter 13 \$ _____

Current multiplier for your district as stated on the list issued by the Administrative Office of the United States Courts (for districts in Alabama and North Carolina) or by the Executive Office for United States Trustees (for all other districts).

X _____

Average monthly administrative expense if you were filing under Chapter 13

\$ _____

Copy total here=> \$ _____

37. **Add all of the deductions for debt payment.**
Add lines 33g through 36.

\$ **3,048.41**

Total Deductions from Income

38. **Add all of the allowed deductions.**

Copy line 24, *All of the expenses allowed under IRS expense allowances* \$ **6,343.23**
Copy line 32, *All of the additional expense deductions* \$ **882.55**
Copy line 37, *All of the deductions for debt payment* +\$ **3,048.41**

Total deductions

\$ **10,274.19**

Copy total here=>

\$ **10,274.19**

Part 3: Determine Whether There is a Presumption of Abuse

39. **Calculate monthly disposable income for 60 months**

39a. Copy line 4, *adjusted current monthly income* \$ **9,527.55**

39b. Copy line 38, *Total deductions* - \$ **10,274.19**

39c. Monthly disposable income. 11 U.S.C. § 707(b)(2).
Subtract line 39b from line 39a

\$ **-746.64**

Copy line 39c here=> \$ **-746.64**

For the next 60 months (5 years) x 60

39d. **Total.** Multiply line 39c by 60 39d. \$ **-44,798.40**

Copy line 39d here=> \$ **-44,798.40**

40. **Find out whether there is a presumption of abuse.** Check the box that applies:

- ☒ **The line 39d is less than \$7,475*.** On the top of page 1 of this form, check box 1, *There is no presumption of abuse.* Go to Part 5.
☐ **The line 39d is more than \$12,475*.** On the top of page 1 of this form, check box 2, *There is a presumption of abuse.* You may fill out Part 4 if you claim special circumstances. Go to Part 5.
☐ **The line 39d is at least \$7,475*, but not more than \$12,475*.** Go to line 41.

*Subject to adjustment on 4/01/16, and every 3 years after that for cases filed on or after the date of adjustment.

Debtor 1
Debtor 2

William Michael Smith
Paula Jo Smith

Case number (if known) _____

41. 41a. **Fill in the amount of your total nonpriority unsecured debt.** If you filled out *A Summary of Your Assets and Liabilities and Certain Statistical Information Schedules* (Official form 6), you may refer to line 5 on that form.

41a. \$ _____
x .25

- 41b. **25% or your total nonpriority unsecured debt.** 11 U.S.C. § 707(b)(2)(A)(i)(1)
Multiply line 41a by 0.25.

\$ _____

Copy
here=>

\$ _____

42. **Determine whether the income you have left over after subtracting all allowed deductions is enough to pay 25% of your unsecured, nonpriority debt.**
Check the box that applies:

- ☐ **Line 39d is less than line 41b.** On the top of page 1 of this form, check box 1, *There is no presumption of abuse.* Go to Part 5.
- ☐ **Line 39d is equal to or more than line 41b.** On the top of page 1 of this form, check box 2, *There is a presumption of abuse.* You may fill out Part 4 if you claim special circumstances. Then go to Part 5.

Part 4: Give Details About Special Circumstances

43. **Do you have any special circumstances that justify additional expenses or adjustments of current monthly income for which there is no reasonable alternative?** 11 U.S.C. § 707(b)(2)(B).

☒ No. Go to Part 5.

- ☐ Yes. Fill in the following information. All figures should reflect your average monthly expense or income adjustment for each item. You may include expenses you listed in line 25.

You must give a detailed explanation of the special circumstances that make the expenses or income adjustments necessary and reasonable. You must also give your case trustee documentation of your actual expenses or income adjustments.

Give a detailed explanation of the special circumstances

Average monthly expense or income adjustment

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Part 5: Sign Below

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

X /s/ William Michael Smith

William Michael Smith
Signature of Debtor 1

Date **October 14, 2015**
MM / DD / YYYY

X /s/ Paula Jo Smith

Paula Jo Smith
Signature of Debtor 2

Date **October 14, 2015**
MM / DD / YYYY